

AUGUST 5, 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURTUNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

RECEIVED

APR 10 2008 *aw*  
4-10-2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURTAnthony Howard, Lorenzo HicksDevelle SpencerDawayne Tolliver(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

08CV2037

JUDGE ZAGEL

MAGISTRATE JUDGE COX

vs.

Case No. \_\_\_\_\_

(To be supplied by the Clerk of this Court)

Thomas Dart - Sheriff of Cook CountyCook County Illinois. John M. Raba M.D. DirectorHealth services. Ruth M. Rothstein Chief Bureau of Health servicesThomas Snooks - DivisionII. Super-intendent.(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

## CHECK ONE ONLY:

☒COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)☐COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- Develle Spencer
- A. Name: Anthony Howard, Lorenzo Hicks, Dawayne Toller,
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 20070075984, 20070093915, 20070072569
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002, Chicago, Ill. 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Thomas Dart  
 Title: Sheriff  
 Place of Employment: Cook County Department of Corrections
- B. Defendant: John M. Raba M.D. / Ruth M. Rothstein  
 Title: Director of Health Services / Chief Bureau, Health Services  
 Place of Employment: Cook County Department of Corrections
- C. Defendant: Thomas Snooks  
 Title: Superintendent Division 11  
 Place of Employment: Cook County Department of Corrections

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. Exhaustion of Administrative Remedies**

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES (✓) NO ( ) If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES (✓) NO ( )

C. If your answer is YES:

1. What steps did you take? I inform the people  
in charge of the Cook County Jail  
by grievances, that it would be handle.

2. What was the result? I was inform they would  
provided Medical Treatment, but it  
never happen to no avail

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.) It

was to no avail

D. If your answer is NO, explain why not: I did appeal, but  
to no avail,

E. Is the grievance procedure now completed? YES ☒ NO ( )

F. If there is no grievance procedure in the institution, did you complain to authorities? YES ☒ NO ( )

G. If your answer is YES:

1. What steps did you take? I wrote a grievance to inform the Medical Staff about my Medical need, but to no avail

2. What was the result? none to no avail

H. If your answer is NO, explain why not: to no avail

**IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):**

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

# **V. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

my name is Anthony Howard, and I arrived to this issue concerning medical Treatment for my wrist which I was suppose to have surgery on it in October 5, 2007, but to no avail. Now it's December and still no surgery to my seroius medical Need for my wrist, and now all suddently its another year came and I am being scheduled everytime I suppose to have the surgery at Cook County Stroger Hospital, And the people at the dispensary sent me to cermak were they take X-rays, and than let a ortho doctor review the X-rays and to put me in for surgery to ~~be~~ done on my wrist, which they told me I so badly need with the pain I am having from that injury, Here in Division II the observation concerning medical Treatment is very, very bad when it comes to medical Attention for Treatment, you will to have a heartattack to receive assistance from their Medical Staff for assistance, also they always rescheduled me to have the surgery

but to no avail do it happen, it's always the same answer or respond you been re-schedule to go back to the hospital but to no avail, and now I have been waiting months for this surgery to happen but to no avail, this sharp pain be hurting me all the time I be complaining, but to no avail do I received any assistance from the Medical staff until I filed a grievance concerning this issue about some Medical attention concerning my Medical Problem this been an on going problem for me to have surgery for my wrist, and to no avail do I received any Medical surgery like they schedule, but change it all the time while I still in pain, waiting around for the surgery which haven't happen yet since my wrist been mess up while I have arrived in the Cook County jail they treat people like they are not people I am a human being and a detainee with a Medical need

VI. Relief: For Treatment and Assistance

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

To Be Compensated for physical anguish  
and Mental Suffering for One Million Dollars

#### CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Anthony Howard

(Signature of plaintiff or plaintiffs)

Anthony Howard

(Print name)

20070075484

(I.D. Number)

P O Box 089002

CHICAGO IL 60602

(Address)



Part-A / Control #: X

Referred To: \_\_\_\_\_

☐ Processed as a request.

# COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: HowardFirst Name: AnthonyID# 2007-0075984 Div.: 11 Living Unit: D6 Date: 1/13/08

## BRIEF SUMMARY OF THE COMPLAINT:

*I have arrived at Cook County jail for 3 months. I have informed the Medical Staff about my 8-25-07 and I have informed the Medical Staff about my medical problem but to no avail, I have put in request slips, medical forms and still to no avail. I was in Division 11. I slipped and fell and landed on my left hand. I did not know I was broken because I felt a real sharp pain in my wrist. I have complained to the C.O. on duty but she never sent me to see a doctor. Until I started complaining about my pain and then they took X-rays and then other doctor's told me I needed to have surgery so they can put a cast on my hand. And now I have been rescheduled for the surgery because I don't know*

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

Dawson, Telling

ACTION THAT YOU ARE REQUESTING:

To my hand being fix without delay or rescheduling meDETAINEE SIGNATURE: Anthony Howard

C.R.W.'S SIGNATURE: \_\_\_\_\_

DATE C.R.W. RECEIVED: \_\_\_\_\_

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.  
All appeals must be made in writing and directly submitted to the Superintendent.

Part-A / Control #:

X

Referred To: \_\_\_\_\_

☐ Processed as a request.

## COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: HOWARDFirst Name: AnthonyID #: 2007-0075984 Div.: 11 Living Unit: DG Date: 8/13/08

BRIEF SUMMARY OF THE COMPLAINT: my rist have been broken for 5 months I have been in pain and suffering. Desperately has stopped sending pain pills. I have been to Stroger County Hospital 3 to 4 times to have my surgery but they keep rescheduling me every time I go, I have also took several x-rays, and I have had 3 cast on my hand, I am in very bad pain and I need to have my surgery to heal, my next appointment is 1/22/08 at Stroger Cook County Hospital, my rist has been like this since September, I broke my rist in the gym room when I fell.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: \_\_\_\_\_

ACTION THAT YOU ARE REQUESTING: \_\_\_\_\_

The results of having my surgeryDETAINEE SIGNATURE: Anthony Howard

C.R.W.'S SIGNATURE: \_\_\_\_\_

DATE C.R.W. RECEIVED: \_\_\_\_\_

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.